

WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 4
July 2006

INFANT CASE MANAGEMENT UPDATE

*Submitted by Maureen Lally,
First Steps Infant Program Manager, DSHS*

Feedback on the Draft ICM forms

A BIG THANKS to the following people who gave specific comments to improve the ICM forms:

- Annie Goodwin, Benton Franklin Health Dept
- Carol McCormick, Columbia Valley Community Health, Chelan/Douglas
- Elizabeth Allen, Mother Baby Center, Bellingham
- Elsa Prosch, Columbia Valley Community Health, Chelan/ Douglas
- Gail Bodenmiller and the team from Whatcom County Health Dept
- Kate Karlson, Klickitat Public Health Nurse
- Marjorie Kober, Community Health Care, Pierce County
- Pegi Mueller, Moses Lake Community Health Center
- Yakima Neighborhood Health Center Supervisory Team
- Attendees at provider meetings in Bellingham, Clallam & Jefferson Counties, Friday Harbor, Skagit, the Tri-Cities, and lastly thank you to the King County First Steps Network March attendees for sending your comments.

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Implementing the Infant Case Management Final Forms

Starting on September 1st, 2006 First Steps providers are to begin using the required forms with new clients enrolled on or after September 1st.

An Infant Case Management Adobe file with accompanying email was sent electronically from the DOH First Steps mailbox the middle of July. This email contains the finalized ICM forms that you will need.

Technical Assistance

Maureen Lally is willing to attend county provider meetings to discuss the new requirements and assist staff with implementation. Please call Mo at 360-725-1655 or email her at lallyma@dshs.wa.gov with questions about the forms.

Exceptions

Each First Steps agency that is not using the required forms must be granted an exception from the First Steps program.

Each agency that submits a request for an exception must submit the following information:

- The agency demonstrates a compelling business reason why it cannot adopt the documentation requirements. This business reason must be beyond the difficulty of adopting new forms, as this is true for all providers. **Or**, the agency demonstrates a compelling business reason for delaying implementation of the documentation requirements.
- The agency has an adequate plan for complying with the requirements, including a timeline for implementation.
- The agency proposes an acceptable alternative to adopting the forms or otherwise complying with the documentation requirements. For those FS agencies requesting to use other or altered forms, they must include copies of the proposed forms and a crosswalk to the required First Steps forms demonstrating where the required information is collected.
 - The deadline for requesting an exception is the close of business on Friday, September 1, 2006. If an agency has not asked for an extension or exception by September 1st, we expect you to use the required ICM forms.

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Please submit extension or exception letters to:

Maureen Lally
DSHS/HRSA
Office of Family Services
PO Box 45530
Olympia, WA 98504-5530

Send emails to: lallyma@dshs.wa.gov



FIRST STEPS PROVIDER ADVISORY GROUP READY TO CONVENE

Submitted by Simone Javaher, First Steps Coordinator, Department of Health

We have invited ten people to join the Provider Advisory Group who represents various geographic regions of the state, urban and rural areas, and local health jurisdictions, community clinics, social service agencies, home visiting agencies, tribes, and hospitals. The first meeting will be held on July 17, 2006 at the DOH office in Kent.

The Provider Advisory Group is being convened for the purpose of improving communication between state and local First Steps programs, creating a formal opportunity for local providers to give input into First Steps policies, and exchanging important information that affects the quality and effectiveness of the First Steps program.

Examples of topics may include:

- ◆ Exchanging information between state and local programs to improve mutual understanding of respective political, fiscal and other critical issues;
- ◆ Discussing the need for and impact of various program policies;
- ◆ Reviewing reports and discussing their implication for the program;
- ◆ Evaluating and providing input for program materials, such as training offerings;
- ◆ Providing input about program requirements and rate changes;
- ◆ Assessing and improving the quality of client services;
- ◆ Exploring best practices to optimize direct service delivery and Medicaid program compliance;
- ◆ Working together to resolve program and service delivery challenges.



Those who will participate on the Provider Advisory Group include:

NAME	AGENCY	EMAIL / PHONE
Lisa Campbell-John	Yakima Valley Farm Workers Clinic	lisac@yvwfc.org / (509) 575-3314
Karen Jacobsen	Family Health Centers	kjacobsen@myfamilyhealth.org / (509) 422-7600
Sandra Owen	Benton-Franklin Health District	sandyo@bfhd.wa.gov / (509) 943-2614
Susan Gage	Women's Center at Walla Walla General Hospital	gagese@ah.org / (509) 525-0480 ext.1650
Annette Barfield	Family Home Care	barfiea@familyhomecare.org / (509) 473-4900
Frank Busichio	Snohomish Health District	FBusichio@shd.snohomish.wa.gov / (425) 339-5230
Suzanne Plemmons	Kitsap Health District	plemms@health.co.kitsap.wa.us / (360) 337-5235
Venita Lynn	First Step Family Support Center	fstep@olypen.com / (360) 457-8355
Karla Cain	Answers	kkosscaain@cs.com / (253) 851-1801
Ann Best	Port Gamble S'Klallam Tribe	abest@pgst.nsn.us / (360) 297-9625

Please contact Cynthia Huskey with questions or suggestions via email Cyntia.Huskey@doh.wa.gov or phone (360) 236-3599.



ONLINE NUTRITION TRAINING MODULES FOR FIRST STEPS DIETITIANS

*Submitted by Cynthia Huskey,
Nutrition Consultant, Department of Health*

The First Steps Nutrition Consultant is currently developing online Nutrition Training Modules with the University of Washington. These modules will help define the Registered Dietitian's role in First Steps and provide training on quality MSS nutrition services throughout the maternity cycle.

If any First Steps Registered Dietitian's would like to sign up to review these modules prior to implementation or if anyone has comments, please contact Cynthia Huskey at 360-236-3599 or by email at cynthia.huskey@doh.wa.gov

FIRST STEPS DEPRESSION SCREENING PROJECT

Submitted by Diane Bailey, MN, DOH

Perinatal depression (both prenatal and postpartum) is recognized as a significant health issue for the pregnant woman, infant and family. Although First Steps providers report many of their clients experience depression, the problem and severity may be under-identified until all FS clients are routinely screened for depression at key points during pregnancy and postpartum periods.

For the 2005-07 Biennium, the First Steps Program contracted with the University of Washington School of Nursing (Kathryn Barnard and team), to develop a training protocol for depression screening and referral of women with severe symptoms to treatment. During the initial stages of the project, UW staff gathered information from an advisory group of First Steps providers as well as contacted a number of agencies who have initiated depression screening projects on their own.

Progress to date:

- A literature search and review of perinatal depression and screening programs was completed. The University of Washington, after much review and discussion, is recommending the Edinburgh Postnatal Depression Scale (EPSDS) be chosen as the standardized screening tool to be used to screen all women for depression.
- Training modules are to be piloted with one or more First Steps agencies during the next few months. Modules include information on: Post partum depression; screening and assessment for severe depression; and how to promote a successful referral for those women with severe depression.

NOTICE: RELEASE OF INFORMATION REQUIREMENTS HAVE CHANGED

Submitted by Becky Peters and Simone Javaher, First Steps Behavioral Health Consultant and Coordinator, Dept of Health

The state's Uniform Health Care Information Act, RCW 70.02.030 (3) (f), was amended in 2004 to be consistent with the federal HIPAA privacy rules. In particular, the 90-day expiration on Release of Information Forms is no longer valid, which makes the MSS/ICM Billing Instructions inaccurate. The 2003 MSS/ICM Billing Instructions on page D.3 state, "The Release of Client Information must be signed by the client and renewed every 90 days. RCW 70.02". The 90- day renewal requirement is no longer applicable and the Billing Instructions will be revised at the next review to reflect the new information.

RCW 70.02.030 now states a Release of Information must include an expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure. Providers should refer directly to the state RCW for detailed information and should consult their administrator and/or legal counsel for guidance on how to amend privacy policies, procedures, and Release of Information forms. The entire RCW is available for review at

<http://apps.leg.wa.gov/rcw/default.aspx?Cite72> .
Information on the HIPAA privacy rules can be found at <http://www.hhs.gov/ocr/hipaa/> .

For additional information please contact Becky Peters at (360) 236-3532.



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The Depression Screening project will provide an opportunity for FS providers to access training in standardized depression screening and the referral process. In response to providers concern regarding lack of services for women with depression, the First Steps state team has engaged both Mental Health and Children's Administration state offices in problem solving issues around treatment access.

Watch for updates regarding the project in future newsletters. Agencies who may be interested in being a pilot site for this project please send an email stating your interest to Diane.bailey@doh.wa.gov. For the pilot, we would like to include both agencies that are not currently screening for depression and agencies who currently have a depression screening process in place.

Contact: Diane Bailey at diane.bailey@doh.wa.gov

THE IMPORTANCE OF LINKAGES IN FIRST STEPS

Submitted by Lenore Lawrence, First Steps Program Manager, DSHS

As we work with our First Steps families, we often find that additional state programs are, or need to be, involved with the families. These additional programs may include:

- Substance Abuse Assessment and Treatment Providers
- Child Protective Services
- Mental Health Services
- Family Planning Continuum of Care
- Domestic Violence Providers



First Steps is working on strengthening the ongoing linkages with these programs. Current activities include:

- Substance Abuse Assessment and Treatment Providers
 - Asking each DSHS Regional DASA Representative to become familiar with First Steps and assign staff to interact regularly with the local First Steps Provider Groups.
- Children's Protective Services (CPS)
 - A First Steps module has been added to the CPS Intake Worker's training to explain the program and what it can and cannot provide;
 - Development of a **voluntary** form for First Steps agencies to use to report CPS-related concerns. It is currently in draft form and is being reviewed by First Steps providers and CPS workers around the state.
- Mental Health Services
 - Development of protocols for dealing with postpartum mood disorders in collaboration with the University of Washington;
 - Collaboration with Postpartum Support International of Washington to advertise their state-wide training regarding postpartum mood disorders;
 - Waiting to see who the successful bidders are for the Regional Support Networks so dialogue can be opened with them regarding services for First Steps clients; and
 - Regular monitoring of the activities of the Mental Health Transformation grant project.
- Family Planning Continuum of Care
 - Ongoing work with the Family Planning and Take Charge staff to ensure that information flows freely;
 - Encouragement to First Steps agencies to:
 - Refer clients who have no follow-up plans for family planning at the time of MSS and/or ICM discharge to the CSO Family Planning Nurse.
 - Effective July 1, 2006, most CSOs will have **full-time** family planning nurses!
- Domestic Violence Providers
 - Some CSOs have Family Violence workers. These can be a resource for First Steps clients. We are in the process of identifying these workers and/or a county contact for each county.

We are currently working to identify regional DSHS staff for each of these programs. When the lists are complete, the First Steps/Family Planning Regional Coordinators will begin introducing them to First Steps providers. Stay tuned to future editions of the First Steps Newsletter for Linkages updates.



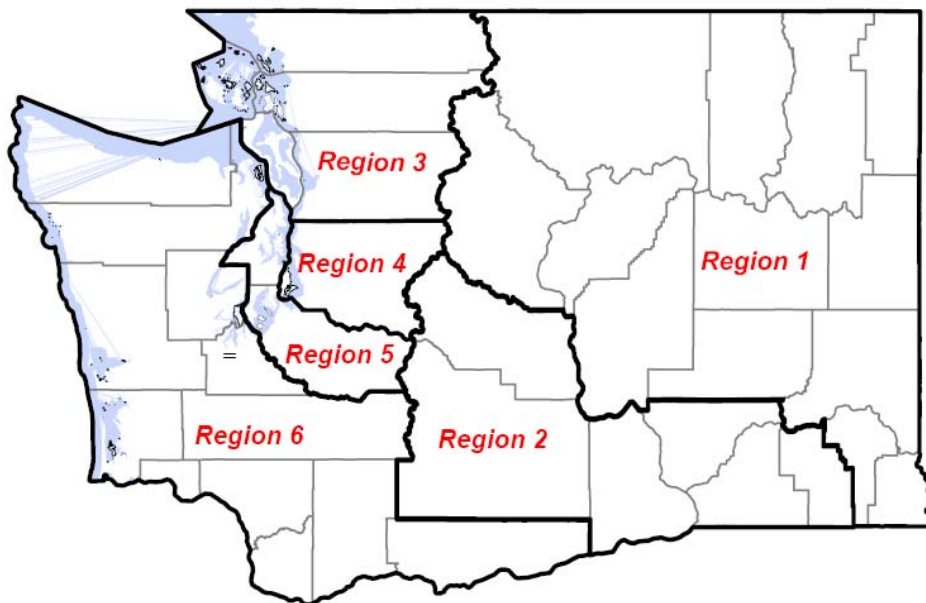
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With the help of the new DSHS Regional First Steps/Family Planning Coordinators, we are asking that First Steps/Maternity Coalition Community/Coordinator's Meetings involve representatives from these agencies in their meetings. This could be done on a quarterly basis. It is important that these "other" providers know about our program in order to be more responsive to our referrals for services. In some communities, close working relationships already exist in some or all of these areas. In others, the relationship has been more difficult to establish and is considered rocky from the perspective of the First Steps providers.

FIRST STEPS REGIONAL COORDINATORS

Submitted by Lenore Lawrence, First Steps Program Manager, DSHS

The First Steps/Family Planning Coordinators work with local CSOs and First Steps and family planning agencies to ensure that the continuum and quality of care across both services are maintained. The coordinators also further relationships with CPS, domestic violence providers, substance abuse Providers, and Mental Health treatment providers.



Here is the list of DSHS Regional First Steps/Family Planning Coordinators

REGION 1

(Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman Counties)

Jason Luoto, 509-227-2866

luotoje@dshs.wa.gov

REGION 2

(Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla and Yakima Counties)

Yolanda McGrann, 509-225-7943

mcgray@dshs.wa.gov

REGION 3

(Island, San Juan, Skagit, Snohomish and Whatcom Counties)

Sue Chance, 360-658-6878

chancesa@dshs.wa.gov

REGION 4

(King County)

Nick Clemenson, 206-272-2154

clemen@dshs.wa.gov

REGION 5

(Pierce and Kitsap Counties)

Leslie Harmon, 253-476-7034

harmonl@dshs.wa.gov

REGION 6

(Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties)

Meg Bumford, 360-725-4806

bumfomt@dshs.wa.gov



THE FEDERAL DEFICIT REDUCTION ACT OF 2005 (DRA) Also known as the federal budget (through September 2006)

Submitted by Laura Pilliaris, Senior Policy Analyst, DSHS

The DRA was signed into law in February 2006, after a very contentious process. Not only was there a lack of bi-partisan support for budget, the House and Senate also had major disagreements on the level of reduction for Medicare, Medicaid and other social service programs. The budget passed, but barely, after negotiations threatened to collapse repeatedly during the process.

In a major budget bill, rule-making is required by the executive branch before it can be fully implemented. Because of the lengthy budget building process, the Centers for Medicare & Medicaid Services (CMS) is scrambling to draft rules. In some cases, CMS has already issued guidelines in the form of letters to State Medicaid Directors. In other cases, it may be years before states have rules from CMS. *(As one national official joked, CMS is still writing rules to implement the Balanced Budget Act of 1997.)*

Several provisions in the budget may be of interest to First Steps providers. Not all the news is bad.

- **Increased cost sharing for certain beneficiaries:** States are allowed to implement cost sharing (premiums and co-payments) on certain clients, without going through a lengthy federal waiver process. *Governor Gregoire has given no indication that she is considering this option.*
- **Benefits package flexibility:** States may alter the benefits package offered to some Medicaid clients, again without going through a waiver process. If a state does reduce the level of benefits to these clients, it would still be required to provide EPSDT as a wrap-around service. *The Governor has given no indication that she is considering a benchmarked benefits package; however the state is exploring the possibility of using this option to provide enhanced benefits to at-risk populations.*
- **Targeted case management:** The DRA includes a provision to tighten the definition of what qualifies as Medicaid targeted case management. The bill specifies foster-care related activities that cannot qualify for Medicaid reimbursement.
- **“Family Opportunity Act”** The bill creates a new optional Medicaid category for SSI disabled children under 300% FPL, for whom states could require monthly premiums for coverage. The state currently covers children to 250% FPL.
- **Eligibility verification:** The bill would require states to verify evidence of citizenship or nationality for individuals either applying for or up for renewal in the Medicaid program, effective July 1, 2006. CMS is not expected to issue draft rules until the end of May at the earliest. The administrative burden to states could be substantial, depending on the level of flexibility allowed by CMS.
- **Additional SCHIP funds:** Washington is one of 11 states that have been allowed to use up to 20 percent of its annual SCHIP allotments as enhanced matching funds for services to Medicaid children above 150% FPL. DRA extends our ability to use some of our unspent SCHIP funds for two more years. The provision gives us \$24 million this biennium.



WASHINGTON STATE POSTPARTUM DEPRESSION (PPD) AWARENESS CAMPAIGN

Submitted by Becky Peters, Behavioral Health Specialist Consultant, Department of Health

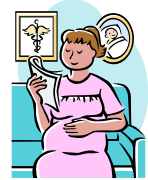
In May of 2005, the Washington State legislature passed legislation to provide funds to the Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) to develop a public awareness campaign that would educate women and their families about the signs, symptoms and treatment of postpartum depression. WCPCAN, in collaboration with partners from other organizations and citizen advocates from across the state, have developed Washington's Postpartum Depression Public Awareness Campaign appropriately called “Speak Up When You're Down”.

(Editor's Note: Please see article on the next page for more information on the public awareness campaign)



BREAKING THE SILENCE OF POSTPARTUM DEPRESSION: STATEWIDE CAMPAIGN URGES WOMEN TO SPEAK UP WHEN THEY'RE DOWN

Submitted by **Chris Jamieson** | Communications Director
Washington Council for Prevention of Child Abuse & Neglect (WCPCAN)



“There is perhaps a no more passionate women’s health advocate than a woman who has experienced postpartum depression,” says Joan Sharp, Director of the Washington Council for Prevention of Child Abuse & Neglect, the agency leading the state’s new “*Speak Up When You’re Down*” postpartum depression public awareness campaign.

Postpartum depression (PPD) is the number one complication of childbirth, affecting 10% - 20% of new mothers. In Washington State, approximately 10,000 - 16,000 women suffer from some form of postpartum mood disorder each year.

“PPD is a common but largely unacknowledged condition. That makes it tough for women to know that they need help and how to get the help that will see them through,” says Carol A. Allen, Community Health Educator for Kids Get Care - Public Health Seattle & King County. “When they’ve come out on the other side, many take up the cause of changing that,” she adds. Allen herself suffered from PPD and is an active member of the campaign’s advisory team.

“Washington State’s commitment to raising awareness about PPD was born out of one family’s tragedy,” Sharp notes, referring to Thomas Soukakos, who led a grassroots effort to pass the 2005 law authorizing the campaign. Soukakos, owner of the popular Vios Café on Seattle’s Capitol Hill, took up the cause after losing his wife to an extreme case of PPD in 2003. Hundreds of mostly female advocates across the state supported him.

“Thankfully, most women who have PPD do not experience the extreme condition Thomas’ wife faced,” notes Sharp. “But no matter how serious a form it takes, the challenges for women and their families are significant.

The campaign’s key messages, according to Sharp, are that “PPD is real and help is available, but it starts with being able to talk about it.” Campaign materials focus on providing basic information about the signs and symptoms of postpartum mood disorders, and offer both a toll-free phone number and website for more information.

The *Speak Up When You’re Down* phone line is provided by Postpartum Support International of Washington and is staffed by women who have experienced PPD. All phone line volunteers are specially trained to accurately assess the situation and guide the caller towards the most appropriate resources. The support line includes oversight by mental health professionals with expertise in postpartum mood disorders. The help line, 1-888-404-7763, is operating now.

There is also a website at www.speakup.wa.gov. Speakers are available to carry the *Speak Up When You’re Down* message to organizations.

Beginning this spring, the *Speak Up When You’re Down* brochure will be distributed through CHILD Profile, reaching all families whose children are one month old. The brochures are available in both Spanish and English. Special efforts and messages for fathers have been developed, and campaign materials are being crafted to speak more specifically to communities of color and immigrants and refugees.

“Postpartum depression is a pervasive problem across cultures. It can definitely disrupt the bonding process between mom and baby as well as create major strains on families during what can be a pretty difficult time under the best of circumstances,” Allen notes.

The campaign, which was provided only \$25,000 to accomplish its goal of ensuring that it reaches across the state, is generously supported by a cadre of dedicated volunteers and professionals interested in ensuring that women in Washington have access to postpartum care and support.

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Organizations actively engaged in extending the campaign's reach include First Steps, Program for Early Parent Support (PEPS), the King County Child & Family Commission, Within Reach, local public health agencies, the UW School of Nursing and Center on Infant Mental Health, the NW Association of Postpartum Support (NAPS), Parent Trust, Postpartum Support International of Washington, the WA Chapter of the American Academy of Pediatrics and of Family Physicians, the WA State Hospital Association, the WA State Nurses Association, Children's Home Society of WA and the Seattle Midwifery Center, among others.

"Obviously, with very limited financial resources available to mount the campaign, the voluntary and in-kind support we are seeing from these individuals and organizations is critical to getting the message out," Sharp says.

"Without the women who have been championing this issue for years, the campaign wouldn't have happened and would go nowhere," she says. "It's a cause whose time has now come." She reminds anyone who thinks something 'beyond the baby blues' may be impacting them, "You can feel better. Help is available. 'Speak Up When You're Down!'"

More information about the PPD campaign is available at www.speakup.wa.gov. To talk to someone who's 'been there' and can offer resources, call 1-888-404-7763 (Operated by PSI of WA).



CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

*Submitted by Civillia Winslow Hill, Program Integration Specialist,
CSHCN Program, WA Department of Health*

First Steps providers can contact their community's CSHCN Program if they suspect or know that a child has a special health care need or chronic condition. Every local health department in the state has a CSHCN Coordinator, who typically is a public health nurse. These Coordinators help facilitate access to care and other services and supports for children, age birth to 18, regardless of family income or severity of the child's condition. CSHCN Coordinators can be especially helpful to families of children with diagnosed medical conditions requiring specialized care or children who may be at risk for chronic conditions, but who may not yet meet the criteria for other programs. The Coordinators can help monitor the child's condition and make appropriate referrals if the child could be eligible for other services, especially early intervention programs. CSHCN Coordinators are often involved as part of the team brought together by Family Resources Coordinators for children up to 3 years of age, when the child has developmental delays or disabilities and is in the local Infant Toddler Early Intervention Program. CSHCN Coordinators can help facilitate transition to services after age 3 and provide ongoing health information and support. The role of the CSHCN Coordinator varies from county to county, based on the public health department's and the community's capacity. To find out more about the CSHCN Program and for links to the CSHCN Coordinators visit the CSHCN Program website <http://www.doh.wa.gov/cfh/mch/CSHCNhome2.htm>. For more information about and resources for children with special needs, visit the Center for Children with Special Needs at Children's Hospital website at <http://www.cshcn.org>.



NAVIGATING AROUND THE STEPPING UP WEBSITE

Submitted by Kathleen Dannenhold, Public Information Officer, University of Washington Center on Infant Mental Health & Development

The Stepping Up website created by the UW School of Nursing contains a wealth of information for First Steps providers in Washington State, all of it research-based and all of it free. Many providers have reported finding the downloadable “Crib Sheets” (one-page hand-outs for clients), and “Clinician’s Corner” materials (modules and interventions) especially useful. The website also offers a discussion board for providers, summaries of the latest research findings on topics of interest, and downloadable resources from Washington State Plan projects, such as materials for determining the level of service delivery that parents may need.

A new addition to the site has focused on efforts to improve depression awareness among First Steps providers, and to help them with finding appropriate resources. For example, the Washington State Plan Project Updates page now contains a complete group module for reducing isolation in pregnancy, including information about how to recruit mothers, set up a group, lead a discussion and engage the group with activities. There is a sample case scenario, photos from a successful group program at La Clinica in Pasco, and even a song about breastfeeding!

The website also contains a list of resources for dealing with depression during pregnancy and post-partum, both locally and nationally.

To find out more about Stepping Up, please visit <http://steppingup.washington.edu/project-updates.asp>.

EPSDT

Submitted by Sharon Reddick, Contract Manager, Office of Managed Care, DSHS

EPSDT stands for Early and Periodic Screening, Diagnosis, and Treatment. EPSDT includes regular checkups to make sure young people under 21 years old get the preventive care they need to catch and treat health problems at an early stage. These checkups or well-child exams include:

- Complete physical exam
- Immunizations (shots)
- Complete health and developmental history
- Lab tests
- Screens for:
 - Vision, Hearing, Dental/Oral health, Mental health, and Substance abuse.

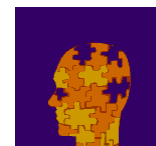


If children are enrolled in Healthy Options managed care, call their primary care provider for an appointment. If children are served by HRSA fee-for-service, schedule an EPSDT appointment with a qualified medical provider who accepts HRSA Medical Identification cards.

EPSDT medical charting forms are available at the following website <http://www1.dshs.wa.gov/msa/forms/eforms.html>. There are several forms, based on the age of the child from 2-4 week to 18 years (forms 13-683 to 13-686B). The medical provider charts the child’s medical information on the front page. The back page gives parents child development information for that age group, and also gives ideas for discussion with the child’s provider. HRSA recommends the use of these charting forms during an EPSDT exam, but they are not required and other forms may be used by providers. Hard copies of the forms, on no carbon required (NCR) paper, can be ordered from the On-line General Store.

RETIRING UW NURSE LED RESEARCH LINKING ENVIRONMENT TO BRAIN DEVELOPMENT

*Submitted by Kathleen Dannenhold, Public Information Officer,
UW Center on Infant Maternal Health & Development*



Although you may not be aware of it, a UW nurse scientist is the person you can thank for the “whole child” approach used in evaluating your child’s development.

She is also responsible for raising awareness about the *preventability* of most mental retardation, developmental lags, and adjustment disorders, including anti-social behavior – a fact that is beginning to change public policy in our state.

That person is Dr. Kathryn E. Barnard, retired in June after 45 years at the forefront of research and policy work on behalf of infants and families.

“Social and emotional health is just as important as physical health in infant brain development,” says the Spence Endowed Professor of Nursing. “In fact, chronic neglect can be more damaging than physical abuse.”

The impact of early relationships on brain development was not well known before Barnard first became interested in the topic.

As a new master’s graduate from Boston University, she was first hired by the UW School of Nursing in 1963 to teach growth and development to undergraduate nursing students and to provide the nursing role in the Child Health Center’s Clinic for Mental Retardation, now part of the Center on Human Development and Disability. The latter experience was transformational.

“Most of what nurses do is to observe,” Barnard explains, “and it did not take me long to notice striking similarities in many of the families I was seeing.” Case study by case study, conference by conference, the award-winning researcher recalls, “I began to realize that the majority of mental retardation in this country comes from environmental issues.”

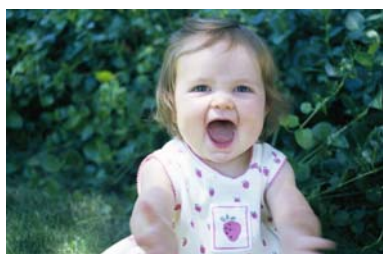
Despite this fact, there was no way at the time to identify or treat at-risk infants before small problems developed into large ones, such as mental retardation or other learning or behavior disorders.

This led Barnard, in 1973, to create the first-ever research-based guidelines for both assessing parent-child interactions and providing appropriate interventions. Called NCAST, the new protocols were transmitted to nurses across the country via satellite technology and have since trained an estimated 30,000 health professionals around the world.

In the years that followed Barnard established herself as a pioneer in infant mental health – the study of early relationships and their impact on brain development. In 2001, she realized a life-long dream by launching the UW Center on Infant Mental Health & Development, a self-sustaining non-profit combining infant mental health research, education, clinical practice and public policy.

Although much more is known today about the importance of environment in early human development, Barnard believes that there still is much to do, especially in the area of public policy.

“Our schools, hospitals, mental health clinics, courts, foster care system and prisons are filled with individuals whose entire course of life might have been changed had someone been there early-on to notice, to diagnose, and to intervene,” she observes. “Hopefully, this is beginning to change.”



USING THE ON-LINE GENERAL STORE

1. Go to the Department of Printing website at www.prt.wa.gov
2. Click on "General Store". Register if you are new to the site or sign in. Write down your login for future use.
3. You will be given an option to shop by agency or item type. Click on agency.
4. Click on Department of Social and Health Services, Health & Recovery Services Administration, then publications or forms which ever is the product you wish to order. You will then have a list of publications or forms by number.
5. Select the item you wish and place it in your shopping cart by clicking on the "Add to Cart" button.

VERY IMPORTANT!! **YOU MUST** click on the update cart button located below your list of items in your cart. If the button is not visible due to multiple items being in your cart use the scroll buttons on the right to scroll down until it is visible. If you do not click on the "update cart" button the program will only see the default number of 1 and that will be all you receive.

You may continue shopping and adding items to your cart or you may "Check Out."

Enter shipping information. Be sure the first time you use the cart you enter your primary shipping information. This will be Address 1 and the default information that will appear each time you check out. You may add other addresses by selecting "New Address" in the "Select Address" window and filling in the information. Write down what the new address number is and you can have it automatically filled in by choosing that address number. Then click the "Total" button.

The preferred method of ordering is online through the Department of Printing's General Store. You may also send orders by email to fulfillment@prt.wa.gov, by phone at 360-586-6360 or fax at 360-586-8831. Please order online if at all possible.

Useful web addresses:

HRSA Publications website <http://fortress.wa.gov/dshs/maa/CustomerPublications/>
DSHS Forms <http://www1.dshs.wa.gov/msa/forms/>



First Steps DSHS staff in Olympia have moved into a new building. As part of the consolidation process, the separate First Steps PO Box 45730 has been retired!

Immediately, please use the following address for all mail sent to:

- First Steps Childcare
- First Steps Infant Case Management
- First Steps Clearinghouse

**P.O. Box 45530
Olympia, WA 98504-5530**

